

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 714051 (0)
 1. Corporation Name
ADVERTISING FEDERATION OF GREATER MIAMI, INC.



Principal Place of Business 901 NORTHPPOINT PKWY SUITE 102 WEST PALM BEACH FL 33407 US	Mailing Address 901 NORTHPPOINT PKWY SUITE 102 WEST PALM BEACH FL 33407 US
--	--

3. Date Incorporated or Qualified 02/01/1968
4. FEI Number 59-2436156
Applied For ☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHISMARK, GEORGE
901 NORTHPPOINT PARKWAY
STE 102
WEST PALM BEACH FL 33407

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	VPD	☒ DELETE
NAME	NOONAN, BRUCE	
STREET ADDRESS	2100 CORAL WAY, PH	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☒ DELETE
NAME	KAMILAR, WENDY	
STREET ADDRESS	2055 LEE STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	☐ DELETE
NAME	SLOANE, STEVE	
STREET ADDRESS	8800 NW 53RD TERR, #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☒ DELETE
NAME	ALBURY, LORAIN	
STREET ADDRESS	770 S DIXIE HWY, STE 109	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPD	☐ DELETE
NAME	IZARD, MARK	
STREET ADDRESS	10455 NW 12 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VPD	☐ Change ☒ Addition
1.2 NAME	CALIGIURI, DENISE	
1.3 STREET ADDRESS	6796 S.W. 62ND AVENUE	
1.4 CITY-ST-ZIP	SOUTH MIAMI, FL	
2.1 TITLE	TD	☐ Change ☒ Addition
2.2 NAME	MADRAZO, ANDRES	
2.3 STREET ADDRESS	14600 S.W. 63 COURT	
2.4 CITY-ST-ZIP	MIAMI, FL	
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	SLOANE, STEVE	
3.3 STREET ADDRESS	3900 BISCAYNE BLVD.	
3.4 CITY-ST-ZIP	MIAMI, FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PD	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

CP2E037 (10/97)